

<b>Fill in this information to identify your case:</b>		
Debtor 1	MICHAEL S. FARETTY II	
First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	DIANA L. FARETTY	
First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey		
Case number (If known) 19-33073-MBK		

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Michael S. Faretti II

Signature of Debtor 1

Date 12/27/2019  
MM / DD / YYYY

/s/ Diana L. Farety

Signature of Debtor 2

Date 12/27/2019  
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	MICHAEL S. FARETTY, II		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	DIANA L. FARETTY		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if known)	19-33073-MBK		

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## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

	Your assets	
	Value of what you own	
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ 200,000.00	
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ 27,150.00	
1c. Copy line 63, Total of all property on Schedule A/B .....	\$ 227,150.00	

#### Part 2: Summarize Your Liabilities

	Your liabilities	
	Amount you owe	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	\$ 214,280.00	
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ 0.00	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+ \$ 12,237.00	
	Your total liabilities	
	\$ 226,517.00	

#### Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of Schedule I .....	\$ 7,863.00	
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of Schedule J .....	\$ 4,021.00	

Debtor 1 MICHAEL S. FARETTY, II  
First Name Middle Name Last Name

Case number (if known) 19-33073-MBK

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.**

\$ 12,013.00

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) \$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00

9d. Student loans. (Copy line 6f.) \$ 2,050.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00

9g. Total. Add lines 9a through 9f. \$ 2,050.00

<b>Fill in this information to identify your case:</b>			
Debtor 1	MICHAEL S. FARETTY II		
First Name	Middle Name	Last Name	
Debtor 2	DIANA L. FARETTY		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if known)	19-33073-MBK		

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: <u>RESIDENCE</u>	\$ 200,000.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(1), (5)
Line from <i>Schedule A/B</i> : <u>1</u>			
Brief description: <u>Car - Ford Explorer</u>	\$ 2,500.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(2)
Line from <i>Schedule A/B</i> : <u>3</u>			
Brief description: <u>Pensions</u>	\$ 19,700.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(4)
Line from <i>Schedule A/B</i> : <u>21</u>			

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Debtor 1 MICHAEL S. FARETTY II  
First Name Middle Name Last NameCase number (if known) 19-33073-MBK**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: <u>Household goods</u>	\$ <u>1,000.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(3)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Jewelry</u>	\$ <u>1,700.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(b)(3)(C)
Line from Schedule A/B: <u>12</u>			
Brief description: <u>Tax Refund</u>	\$ <u>1,800.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(3)
Line from Schedule A/B: <u>28</u>			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			

**Fill in this information to identify your case:**

Debtor 1	<u>MICHAEL S. FARETTY II</u>	
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)	<u>DIANA L. FARETTY</u>	
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: District of New Jersey		
Case number (if known) <u>19-33073-MBK</u>		

Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Creditor's Name	Address	Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any
2.1 M&T BANK	185 EATON AVE, HAMILTON, NJ 08619	\$ 192,000.00	\$ 200,000.00	\$ 0.00
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Nature of lien. Check all that apply.				
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____				
Who owes the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred _____				
Last 4 digits of account number _____				
2.2 MIDLAND FUNDING	185 EATON AVE, HAMILTON, NJ 08619	\$ 3,578.00	\$ 200,000.00	\$ 0.00
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Nature of lien. Check all that apply.				
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____				
Who owes the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred _____				
Last 4 digits of account number _____				
Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$ 195,578.00</u>				

Debtor 1 MICHAEL S. FARETTY II  
 First Name Middle Name Last Name

Case number (if known) 19-33073-MBK

**Part 1: Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any

**ONE MAIN FINANCIAL**

Creditor's Name  
 3100 Quakerbridge Rd #D7

Number Street

Describe the property that secures the claim:

\$ 7,722.00 \$ 2,500.00 \$ 5,222.00

2008 FORD EXPLORER

Mercerville NJ 08619  
 City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**GM FINANCIAL**

Creditor's Name  
 P.O Box 78143

Number Street

Describe the property that secures the claim:

\$ 10,980.00 \$ 13,000.00 \$ 0.00

2016 HYUNDAI ELANTRA

PHOENIX AZ 85062  
 City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Creditor's Name

Number Street

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 18,702.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$ 214,280.00

<b>Fill in this information to identify your case:</b>		
Debtor 1	MICHAEL S. FARETTY II	
First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	DIANA L. FARETTY	
First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey		
Case number (if known)	19-33073-MBK	

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.

Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$	
	Number Street	When was the debt incurred?				
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.				
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
	Type of PRIORITY unsecured claim:					
	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
	Who incurred the debt? Check one.					
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
	<input type="checkbox"/> Check if this claim is for a community debt					
	Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Yes				

2.2	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$	
	Number Street	When was the debt incurred?				
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.				
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
	Type of PRIORITY unsecured claim:					
	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
	Who incurred the debt? Check one.					
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
	<input type="checkbox"/> Check if this claim is for a community debt					
	Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 MICHAEL S. FARETTY II  
First Name Middle Name Last Name

Case number (if known) 19-33073-MBK

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

4.1 CAPITAL ONE  
 Nonpriority Creditor's Name  
 PO BOX 6492  
 Number Street  
 CAROL STREAM IL 60197  
 City State ZIP Code

Last 4 digits of account number \_\_\_\_\_ \$ 729.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify CREDIT CARD

4.2 DISCOVER BANK  
 Nonpriority Creditor's Name  
 PO BOX 6107  
 Number Street  
 CAROL STREAM IL 60197  
 City State ZIP Code

Last 4 digits of account number \_\_\_\_\_ \$ 2,050.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

4.3 KOHL'S DEPT. STORE  
 Nonpriority Creditor's Name  
 PO BOX 1456  
 Number Street  
 CHARLOTTE NC 28201  
 City State ZIP Code

Last 4 digits of account number \_\_\_\_\_ \$ 949.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit Card



Debtor 1 MICHAEL S. FARETTY II  
First Name Middle Name Last Name

Case number (if known) 19-33073-MBK

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

Total claim			
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00	
	6b. Taxes and certain other debts you owe the government	6b. \$ 0.00	
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ 0.00	
	6e. Total. Add lines 6a through 6d.	6e. <table border="1"><tr><td>\$ 0.00</td></tr></table>	\$ 0.00
\$ 0.00			

Total claim			
Total claims from Part 2	6f. Student loans	6f. \$ 2,050.00	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00	
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 10,187.00	
	6j. Total. Add lines 6f through 6i.	6j. <table border="1"><tr><td>\$ 12,237.00</td></tr></table>	\$ 12,237.00
\$ 12,237.00			

Fill in this information to identify your case:		
Debtor 1	MICHAEL S. FARETTY II	
First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	DIANA L. FARETTY	
First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey		
Case number (if known)	19-33073-MBK	

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
MM / DD / YYYY

Official Form 106I

12/15

## Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

- Employed  
 Not employed

- Employed  
 Not employed

Occupation

TEACHER

Employer's name

NJM INSURANCE

EWING TWP BD OF EDUC

Employer's address

301 SULLIVAN WAY

2099 PENNINGTON RD

Number Street

Number Street

W. TRENTON NJ 08628  
City State ZIP Code

EWING NJ 08618  
City State ZIP Code

How long employed there?

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or  
non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 7,234.00

\$ 4,779.00

3. Estimate and list monthly overtime pay.

3. + \$ \_\_\_\_\_

+ \$ \_\_\_\_\_

4. Calculate gross income. Add line 2 + line 3.

4. \$ 7,324.00

\$ 4,779.00

Debtor 1 MICHAEL S. FARETTY II  
 First Name Middle Name Last Name

Case number (if known) 19-33073-MBK

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here.....</b>	→ 4. \$ _____	\$ _____
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,568.00	\$ 658.00
5b. Mandatory contributions for retirement plans	5b. \$ 462.00	\$ 494.00
5c. Voluntary contributions for retirement plans	5c. \$ _____	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ _____	\$ _____
5e. Insurance	5e. \$ 354.00	\$ 482.00
5f. Domestic support obligations	5f. \$ _____	\$ _____
5g. Union dues	5g. \$ _____	\$ 132.00
5h. Other deductions. Specify: _____	5h. + \$ _____	+ \$ _____
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	<b>6.</b> \$ 2,384.00	\$ 1,766.00
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	<b>7.</b> \$ 4,850.00	\$ 3,013.00
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm		
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ _____	\$ _____
8b. Interest and dividends	8b. \$ _____	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ _____	\$ _____
8d. Unemployment compensation	8d. \$ _____	\$ _____
8e. Social Security	8e. \$ _____	\$ _____
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____	8f. \$ _____	\$ _____
8g. Pension or retirement income	8g. \$ _____	\$ _____
8h. Other monthly income. Specify: _____	8h. + \$ _____	+ \$ _____
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	<b>9.</b> \$ 0.00	\$ 0.00
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$ 4,850.00	+ \$ 3,013.00 = \$ 7,863.00
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$ 0.00	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	<b>12.</b> \$ 7,863.00	
	Combined monthly income	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:		
Debtor 1	MICHAEL S. FARETTY, II	
First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	DIANA L. FARETTY	
First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey		
Case number (If known)	19-33073-MBK	

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
     No  
     Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

Minor

No

Yes

Son

Minor

No

Yes

\_\_\_\_\_

\_\_\_\_\_

No

Yes

\_\_\_\_\_

\_\_\_\_\_

No

Yes

\_\_\_\_\_

\_\_\_\_\_

No

Yes

\_\_\_\_\_

\_\_\_\_\_

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,492.00

If not included in line 4:

- 4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues

4a. \$ \_\_\_\_\_  
4b. \$ \_\_\_\_\_  
4c. \$ \_\_\_\_\_  
4d. \$ \_\_\_\_\_

Debtor 1 MICHAEL S. FARETTY, II  
 First Name Middle Name Last Name

Case number (if known) 19-33073-MBK

		<b>Your expenses</b>
5.	Additional mortgage payments for your residence, such as home equity loans	5. \$ _____
6.	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	6a. \$ <u>200.00</u>
6b.	Water, sewer, garbage collection	6b. \$ <u>25.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>365.00</u>
6d.	Other. Specify: _____	6d. \$ _____
7.	<b>Food and housekeeping supplies</b>	7. \$ <u>575.00</u>
8.	<b>Childcare and children's education costs</b>	8. \$ <u>550.00</u>
9.	<b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>30.00</u>
10.	<b>Personal care products and services</b>	10. \$ <u>30.00</u>
11.	<b>Medical and dental expenses</b>	11. \$ <u>30.00</u>
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>160.00</u>
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>150.00</u>
14.	<b>Charitable contributions and religious donations</b>	14. \$ _____
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. \$ _____
15b.	Health insurance	15b. \$ _____
15c.	Vehicle insurance	15c. \$ _____
15d.	Other insurance. Specify: _____	15d. \$ _____
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ _____
17.	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1	17a. \$ <u>362.00</u>
17b.	Car payments for Vehicle 2	17b. \$ _____
17c.	Other. Specify: _____	17c. \$ _____
17d.	Other. Specify: _____	17d. \$ _____
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ _____
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ _____
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a.	Mortgages on other property	20a. \$ _____
20b.	Real estate taxes	20b. \$ _____
20c.	Property, homeowner's, or renter's insurance	20c. \$ _____
20d.	Maintenance, repair, and upkeep expenses	20d. \$ _____
20e.	Homeowner's association or condominium dues	20e. \$ _____

Debtor 1 MICHAEL S. FARETTY, II  
First Name Middle Name Last Name

Case number (*if known*) 19-33073-MBK

21. Other. Specify: Student Loan

21. +\$ 52.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 4,021.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 4,021.00

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from Schedule I.

23a. \$ 7,863.00

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 4,021.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$ 3,842.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here: